Approved for use through 1/3 17006 CHB 041-0032 Under the Peperson Reduction Act of 1995, no persons are required to respond to a collection of information unless I physician a valid CMB control tember. U.S. Poleri and Trademert Office; U.S. DEPARTMENT OF COMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Effective December 8. 2004 APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN SMALL ENTITY (Caimin 2) OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA RATE BASIC FEE FEE di RATE (\$) FEE(\$) 137 CFR 1 16(4) (b) & (c)) N/A **NVA** 150.00 NIA SEARCHFEE 300.00 NVA . (37 CFR | 16(W. 14, or [m]) N/A NA \$250 NIA \$600 EXAMINATION FEE (37 CFR 1 16(0), (p), or (q)) . N/A N/A NX \$100 NA \$200 TOTAL CLAIMS 137.CFR 1 16(0) X\$ 25 minus 20 . X\$50 INDEPENDENT CLAIMS ÓŘ (37 CFR 1 16(N) X100 C aunum X200 Of beeck agnitude and the specification of the specification and drawings exceed 100 • APPLICATION SIZE sheets of paper, the application size fee due 4 \$250 (\$125 for small entity) for each FEE . TOT OFR I I HAIL additional 50 sheets or fraction thereof. See 35 U.S.C. 41(8)(1)(Q) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR I 1641) +180= 4360m If the difference in column 1 is less than 2010, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3): OR SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (1) ADDI-0 AFTER MENDMENT PRÉVIOUSLY RATE(\$) EXTRA DMENT TIONAL PAID FOR TIONAL FEE (1) FEE (\$) At CHA LINGS Minus X\$ 25 X\$50 profestionu OR Minus X100 X200 фR Application Size Fee (37 CFR 1.16(s)) first presentation of multiple dependent claim **+180**= +360a OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-TIONAL FEE (1) AFTER. RATE (\$) ADDI-TIONAL PREVIOUSLY EXTRA MENOMENT PAID FOR Total FEE (1) Minus X\$ 25 X\$50 OR Endipendent EIT CER ESENI Minus X100 X200 OR Application 6tte Fee (37 CFR 1.16(8)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.160) +180a +360e OR TOTAL TOTAL **OR** ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "or in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Highest Number Previously Paid For" (Total or Independent is the highest number found in the appropriate box in column 1.

It collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fill (and by the PTO to process) an application. Confidentiality is potented by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suppedions for reducing this burden, should be cent to the Chief Information Officer, U.S. Patent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313.1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313.1450.